

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Continuing A Majority Party Action Committee (CAMPAC)

A.

Full Name (Last, First, Middle Initial)

PAUL GOSAR FOR CONGRESS

Mailing Address 2222 E. Cedar Ave.

City Flagstaff State AZ Zip Code 86004

Purpose of Disbursement
CONTRIBUTION TO CANDIDATE

Candidate Name
PAUL ANTHONY GOSAR

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.9279

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

PEOPLE FOR PEARCE

Mailing Address PO BOX 2696

City HOBBS State NM Zip Code 88241

Purpose of Disbursement
CONTRIBUTION TO CANDIDATE

Candidate Name
STEVE PEARCE

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 02

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.9285

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

QUAYLE FOR CONGRESS

Mailing Address 4247 N. 44th Street

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement
CONTRIBUTION TO CANDIDATE

Candidate Name
BEN QUAYLE

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.9217

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)